## CITY OF JACKSON, HISTORIC PRESERVATION COMMISSION COMPLIANCE AGREEMENT

DATE:	ADDRESS OF F	ADDRESS OF PROPERTY		
PARCEL NO: _	D	ISTRICT:	ZONED:	
<b>Property Owne</b>	<b>r</b> (s):			
Mailing Addres	s:	City:	State & Zip	
Phone:	Cell Phone:	e-mail:		
+++++++++	+++++++++++++++++++	++++++++++++++	-++++++++++++++++++++++++++++++++++++++	
By virtue of my sthe following typ	•	fy that the building per	mit I am applying for involves only	
Interio	r work only—no exterior wo	rk		
Exterio	or Painting —no changes to	design or materials		
Re-roofing—no changes to design or materials				
Founda	ation Repair work only—No	exterior changes to f	acades	
Other-	-Describe below:			
the above, may		e of Appropriateness i	this structure beyond the scope of ssued by either the City of Jackson	
	nderstand that <b>unapproved</b> w may be subject to a \$1,000 pe		r work beyond the scope of this ue process.	
, , ,	nderstand that other permits a d agree to pursue these in a ti	•	ed to complete this project are our	
WITNESS THE	SIGNATURES(S) of the own	er(s) of the subject p	roperty located at	
			Jackson, MS	
Street Address	3			
On this the	day of	, 20		
Signature		Signature		

## STATE OF MISSISSIPPI COUNTY OF HINDS

Personally came and appeared before me, the within named				
day and year therein mentioned, and	and foregoing instrument as and for their free act and deed on the who acknowledge to me that they are the owner(s) of the subject ackson Historic Preservation Commission Compliance Agreement.			
GIVEN UNDER MY HAND AND OFF	FICIAL SEAL OF OFFICE, this the day of			
	NOTARY PUBLIC			
MY COMMISSION EXPIRES:	(Official Seal)			
+++++++++++++++++++++++++++++++++++++++				
Reviewed and Approved:				
	Date			
Staff to Historic Preservation Com	mission			